#### INSTRUCTIONS TO COMPLETE APPLICATIONS

- 1. Read requirements and qualifications before completing enclosed forms.
- 2. Complete background information form and application forms.
- 3. Include type resume.
- 4. Include copies of the following:
  - a. College transcript
  - b. College Degree
  - c. Police officer certification
- 5. Send all information to:

Frederick Police Department P.O. Box 435 Frederick, CO 80530 Attn: Chief James D. Torrez

#### EMPLOYMENT APPLICATION

# FREDERICK POLICE DEPARTMENT 333 5<sup>th</sup> STREET PO BOX 435 FREDERICK, CO 80530

PHONE: (303) 833-2468

Complete every section in your own handwriting. If a question or section does not apply to you, put N/A: DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misinterpretations or commissions by you are cause for disqualification. The information requested hence forth is used for determining your qualification and suitability for a position with this agency.

PRINT IN INK IN YOUR OWN HANDWRITING - DO NOT TYPE

DATE:

POSTION(S) APPLIED FOR:

NAME:	LAST	FIRST	MIDDLE		ALIASES, MAIDEN NAME, NICHNAMES, OTHER NAME, CHANGES				
CURRENT HOME ADDRESS:					HOME PHONE: WORK PHONE:			ONE:	
STREET									
CITY	STATE		ZIP						
COUNTY						DDRESS:			
DATE OF BIRTH	AGE	] ]	HEIGHT	WEI	GHT	HAIR COL	OR	EYE COLOR	US CITIZEN: YES NO
									TES NO
SOCIAL SECURIT	ΓΥ NUMBER:	l			PLACE	OF BIRTH:	L		
				FAN	III.Y				
FAMILY List in the order given showing relationship (parents, spouse, significant other, children, guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. DOB – Date of Birth.								nts, parents-in-	
		NAME:					STREET		
Father		DOB	PHON	NE#			CITY	STATE	ZIP
		NAME:				STREET			
Mother		DOB PHONE #				CITY	STATE	ZIP	
		NAME:	11101				STREET	OTTIL	ZII
Spouse or Significant O	ther	DOB	PHON	NE#			CITY	STATE	ZIP
		NAME:	FHOI	NE#			STREET	STATE	ZIF
		DOB	PHON	NIE #			CITY	CT A TE	ZIP
		NAME:	PHON	NE#			STREET	STATE	ZIP
			DITO	ME II				CT A TE	710
		DOB NAME:	PHON	NE#			CITY STREET	STATE	ZIP
		DOB	PHON	NE#			CITY	STATE	ZIP
		NAME:					STREET		
		DOB	PHON				CITY	STATE	ZIP
RESIDENCES									
List all residences in the last ten (10) years, beginning with your most recent address.									
From: Mo/Yr.		Current Street address:		If rental, Landlords Name:					
							Phone:		
PRESENT		City / State	e / Zip		County		1 Hone.	Landlords Com	plete Address:
		Jany , State	·r						r
								Phone:	
From: Mo/Yr.			Street addres	ss:			· ·	Landlords Name:	
							Phone:		

To: Mo/Yr.	City / State	e / Zip	County		Landlords Complete Address:	
					Phone:	
From: Mo/Yr.		Street address:		If rental, Landlords Name:		
				- Tu		
To: Mo/Yr.	City / State	2 / 7in	County	Phone:	Landlords Complete Address:	
10. 1/10/11.	City / State	. / Zip	County		Landiords Complete Address.	
					Phone:	
From: Mo/Yr.		Street address:		If rental, I	Landlords Name:	
				Phone:		
To: Mo/Yr.	City / State	e / Zip	County	1	Landlords Complete Address:	
					Phone:	
From: Mo/Yr.		Street address:		If rental, I	Landlords Name:	
T. M. N.	C't- / Ct-t	. 177	Committee	Phone:	Total Constant Address	
To: Mo/Yr.	City / State	e / Zip	County		Landlords Complete Address:	
					Phone:	
From: Mo/Yr.		Street address:		If rental, Landlords Name:		
				Phone:		
To: Mo/Yr.	City / State	e / Zip	County	Thone.	Landlords Complete Address:	
		•				
From: Mo/Yr.		Street address:		If rental I	Phone: Landlords Name:	
Troin. Wo II.		Street address.		II Iciiai, I	Landiords Ivanie.	
	T = 1 = 1		1 =	Phone:		
To: Mo/Yr.	City / State	e / Zip	County		Landlords Complete Address:	
					Phone:	
From: Mo/Yr.		Street address:	•	If rental, I	Landlords Name:	
				Phone:		
To: Mo/Yr.	City / State	e / Zip	County	i none.	Landlords Complete Address:	
		1				
From: Mo/Vr		Street address:		If rantal I	Phone:	
From: Mo/Yr.		Street address:		II remai, i	If rental, Landlords Name:	
				Phone:		
To: Mo/Yr.	City / State	e/Zip	County		Landlords Complete Address:	
					Phone:	
		WORK EX	KPERIENCE		,	
Begin with your most recent job and li				rt-=time, tempo	orary, or seasonal employment and any	
military service. Identify part-time job From Mo/Yr		and temporary jobs with " resent Employer	TEMP"  Job Title		Name of Supervisor	
110111 1410, 11	Traine of 1	resent Employer	Job Title		Traine of Supervisor	
		- · · · · ·				
To Mo/Yr		Employer Address, C	ity, State, Zip	Description	on of your duties:	
Salary		Employer Telephone Number		Why would you leave?		
Were you ever discharged, asked to re	esign, furlough	l ned, or put on inactive sta	tus for cause, or subjected	to disciplinary	action while with this organization?	
		S:				
Did you resign (quit) after being inform	med your emp	lover intended to dischar	ge (fire) you for any reaso	n? No Ye	s	

If so, please explain:							
From Mo/Yr	Name of P	Present Employer Job Title			Name of Supervisor		
To Mo/Yr		Employer Address, City, State, Zip		Description of your duties:			
Salary		Employer Telephone Number		Why would you leave?			
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  No Yes If yes, please state circumstances:							
Did you resign (quit) after being information of the property	med your emp	oloyer intended to discharg	e (fire) you for any reason	? No Yes	5		
From Mo/Yr	Name of P	resent Employer	Job Title		Name of Supervisor		
To Mo/Yr	Co Mo/Yr		Employer Address, City, State, Zip		Description of your duties:		
Salary		Employer Telephone Number		Why would you leave?			
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  No Yes If yes, please state circumstances:  Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If so, please explain:							
From Mo/Yr	Name of P	Present Employer Job Title			Name of Supervisor		
To Mo/Yr	Employer Address, C		ty, State, Zip Description o		n of your duties:		
Salary		Employer Telephone Number		Why would you leave?			
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  No Yes If yes, please state circumstances:							
Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If so, please explain:							
From Mo/Yr	Name of P	resent Employer	Job Title		Name of Supervisor		
To Mo/Yr	Employer Address, Ci		ty, State, Zip Descripti		on of your duties:		
Salary		Employer Telephone Number		Why would you leave?			
Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?  No Yes If yes, please state circumstances:							
Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If so, please explain:							

## ARE YOU A PREVIOUS EMPLOYEE OF THE FREDERICK POLICE DEPARTMENT? IF SO, PLEASE COMPLETE THE FOLLOWING:

From Mo/Yr	Division(s	a) assigned	Job Title		Name of Supervisor		
To Mo/Yr		Description of duties		Why did y	y did you leave?		
Salary Were you ever suspended, su	ubjected to disciplinary	action, or asked to resig	gn, or resigned to avoid be	ing fired? If so, p	olease explain:		
	А сору о		ARY STATUS lested for a background	investigation.			
Have you served in the U.S.	Armed Forces? No	Yes	Grade upon disch	narge			
Branch of Service:		Years served:		Last Duty Sta	ation and name of Commanding Officer:		
While in the military serv	ice, were you ever di	from sciplined, arrested, or	to: r court martialed? If so,	, please explain:			
Are you a member	er of the U.S. Reserve of	or National Guard organ	ization? No Ye	s If y	ves, complete the following:		
Grade and Service Number:			Branch of Service:				
Organization and Station, or Unit and Location			Active Inact	Active Standby			
Indicate Reserve obligation,	If any:						
			TEER SERVICE eer or reserve service.				
From Mo/Yr	Name of E	Name of Employer			Name of Supervisor		
To Mo/Yr Emp		Employer Address,	Employer Address, City, State, Zip		Employer Telephone Number		
Briefly describe your duties:							
Were you ever discharged, a circumstances:	sked to resign, or suhje	cted to disciplinary acti	on while with this organiz	ation? No	Yes If yes, please state		
From Mo/Yr	Name of E	Employer	Job Title		Name of Supervisor		
To Mo/Yr		Employer Address, City, State, Zip		Employer	Employer Telephone Number		
Briefly describe your duties:		1					
Were you ever discharged, a circumstances:	sked to resign, or suhje	cted to disciplinary acti	on while with this organiz	ation? No	Yes If yes, please state		

#### **AFFILIATIONS**

Are you now or have you ever been a member of any organization, association, movement or group which advocates the overthrow of our

constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence or which seeks to alter the form of government of the United States by unconstitutional means? Yes No If you answered YES, explain fully your affiliations: Have you ever filed for bankruptcy? No\_\_\_\_\_ Yes\_\_\_\_ If yes, please explain details of bankruptcy: LITIGATION INFORMATION Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent of be sued? No\_\_\_\_ Yes\_\_\_\_ If yes, please explain: LIQUOR / DRUG USE Describe your use of intoxicating liquors: Have you ever used marijuana or hashish? No\_\_\_\_\_ Yes\_\_\_\_ If so, how many times, and when was the last time? Have you ever used any form of illegal drugs or narcotics (drugs not prescribed by your physician)? Yes If yes, please explain in detail: Have you ever sold or given drugs, narcotics, marijuana, or hashish to anyone? No\_\_\_\_\_Yes\_\_\_ If yes, please explain in detail: REFERENCES List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employees. 1. Name: Years known: Home Phone: Complete Address: City, State, Zip Business Address: **Business Phone:** 2. Name: Years known: Complete Address: Home Phone: City, State, Zip Business Address: **Business Phone:** 

3. Name:			Years known:			
Complete Address:			Home Phone:			
C'A CA Z'						
City, State, Zip Business Address:			Business Phone:			
Business Address.			Business Filone.			
T		· D · · · 141 · 14	11.			
List any friends, relatives, or acqua	nintances employed by Frederick Pol	ice Department and their relation	iship to you.			
HAVE YOU PREVIOUSLY APPLIED W	ITH THE FREDERICK POLICE DEPARTM	ENT? Yes No				
If yes, state for which position(s) a						
	on file with any other police agency		_ If yes, please list.			
Date of Application	Agency / Address	Position applied for	Status, if known			
		N/ N/				
Have you ever been denied employ If yes, list agency and reason?	ment by any other police agency?	Yes No				
in yes, has agency and reason.						
How did you learn of this position	?					
· · · · · · · · · · · · · · · · · · ·						
Why are you seeking employment	with the Frederick Police Departmen	nt and why do you feel qualified	for the position for which you			
Why are you seeking employment with the Frederick Police Department and why do you feel qualified for the position for which you applied?						
DEFODE CUDMITTING VOUD ADDITION CONCIDED THE FOLLOWING INFORMATION ADOLET THE EDEDEDICATION						
BEFORE SUBMITTING YOUR APPLICATION, CONSIDER THE FOLLOWING INFORMATION ABOUT THE FREDERICK POLICE DEPARTMENTS SELECTRION PROCESS, APPLICATION SCREENING AND/OR TESTING. EXTENSIVE BACKGROUND						
INQUIRIES AND INTERVIEWS ARE UTILIZED PRIOR TO EMPLOYMENT, ALL POSITIONS ARE SUBJECTED, BUT NOT						
LIMITED, TO A POLYGRAPH AND DRUG SCREEN, AND ARE SUBJECTED TO A PROBABATIONARY PERIOD OF 6 MONTHS.						
IN ADDITION, ALL COMMISSIONED POSITIONS REQUIRE PSYCHOLOGICAL, AND MEDICAL EXAMINATIONS.						
APPLICANT'S AFFIRMATION						
I affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate						
will cause for refusing further consideration of my application. I understand this is not to be considered as an indication						
of probable appointment or an obligation upon the department to make an appointment, but a part of the selection						
process only. I will, if accepted for probable appointment, submit my fingerprints.						
Storned						
Signed Date						
Date						

# FREDERICK POLICE DEPARTMENT

### AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF:		(Applicant-print name)
I hereby authorize the release of all the information and records	s concerning myself to any age	ent of the Frederick Police Department.
The intent of this authorization is to give my consent for character. This includes, but is not limited to: records of records; training records; financial or credit records; complai arrest, trial and/or convictions for alleged or actual violations of by or against me; and verbal or written statements by any prequest and direct you to release all such information upon the any agreement of the contrary. I am have previously made with	educational institutions; milints or grievances filed by or flaws; the results of polygrapherson; however person or conrequest of any representative of	tary records; employment and pre-employment against me; records of investigation, complaint the examinations; records of civil complaints made affidential they may appear to be. I respectfully
I understand that the above information is for use y the Fredermy suitability of employment, and will be kept confidential. Police Department and will not release to me. In the event my me.	I understand that all materials	s obtained become the property of the Frederick
I understand that I have rights guaranteed by law to privacy vme, and I voluntarily, knowingly, and willingly waive thos Frederick Police Department in conjunction with employment	e rights with understanding t	
For an in consideration of the acceptance and processing of mits agents, and employees harmless from any and all claims connected with the decision whether or not to employ me with	and liability associated with	my application for employment of in any way
I agree to indemnify and hold harmless any person or organiza and against all claims, damages, losses and expenses, including request.		
A photocopy or fax of this release form will be valid as an signature.	original hereof, even though	said photography does not contain my origina
Applicant Signature	Birth date	
Complete Address	Phone	<u></u>